



Employer's Reciprocal Coverage Election

UCS-6
R. 12/00



Employer's Name _____ Florida Account No. _____

The above employer hereby elects, subject to approval by the unemployment compensation agencies involved, to cover certain individuals (those customarily performing services in more than one jurisdiction) named below and on any attached form, under the Unemployment Compensation Law of Florida.

1. The employer accordingly requests the State of Florida Department of Revenue to enter into a reciprocal coverage arrangement to that effect, with each of the following other "interested jurisdictions" (in which the individuals named under Item 2 perform some services for the employer, and under whose unemployment compensation laws they might otherwise be covered):

STATE	% OF SERVICE	STATE	% OF SERVICE

(If more space is required, use and attach Form UCS-6A)

2. List workers covered by this election:

Basis for Election in Florida

- A) Does some "work" in Florida
B) Has his "residence" in Florida
C) Related to a "place" of business in Florida

NAME	SOCIAL SECURITY NO.	EMPLOYEE'S LEGAL RESIDENCE	BASIS FOR ELECTION IN FLORIDA

(If more space is required, use and attach Form UCS-6A)

3. Nature of employer's business _____
4. The employer has a place of business in the states listed above. _____
5. Nature of work to be performed by the individual(s) listed under Item 2. _____
6. Employer's reason for requesting coverage in Florida. _____
7. The employer requests that this election become effective as of the beginning of a calendar quarter, namely as of _____

INTERNET ADDRESS: <http://sun6.dms.state.fl.us/dor/>

ELECTION (continued)

8. This election, if approved, shall remain operative, as to the individuals listed herewith, until terminated in accordance with the currently applicable regulation of the State of Florida Department of Revenue.
9. The employer hereby agrees to give each individual covered by this election a notice thereof, promptly after its approval, on a form to be supplied by the State of Florida Department of Revenue, and to file copies thereof with said Agency.
10. The employer hereby agrees to comply with any requirements applicable to this election under the State of Florida Department of Revenue.
11. To prevent this election from denying unemployment compensation coverage to workers not listed hereon, the employer hereby agrees with each interested jurisdiction approving this election that it may count the workers covered by this election, and their wages, as if this election did not apply, for the purpose of determining whether the employer is covered by the law of such jurisdiction and whether any other workers employed by him are covered by said law.

SIGNED, for the Employer by _____

Date _____ Title _____

APPROVAL by State of Florida
Department of Revenue

The foregoing election is hereby approved, in accordance with the applicable regulation, as submitted by the electing employer.

APPROVED for the State of Florida Department of Revenue.

By _____

Date _____ Title _____

APPROVED by the Interested Jurisdiction of _____

The foregoing is similarly approved.

Name of Agency _____

By _____

Date _____ Title _____

NOTE: The employer should submit 2 signed copies for each jurisdiction listed under item 1, plus 2 additional copies. All copies should be sent to the State of Florida Department of Revenue, P.O. Box 6510, Tallahassee, FL 32314-6510. Two copies will be sent to each "interested jurisdiction" for approval or disapproval. The employer will be notified of the final action.

